2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P04000028401** 1. Entity Name TIME TWO TRAVEL, INC Principal Place of Business Mailing Address 136 OAKDALE ST 136 OAKDALE ST WINDERMERE, FL 34786 WINDERMERE, FL 34786 No Chg-P CR2E034 (11/05) 03062007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3784959 Not Applicable \$8.75 Additionat 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FRY, JULIA M DO NOT WRITE 136 OAKDALE ST WINDERMERE, FL 34786 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE FRY, JULIA M NAME 136 OAKDALE ST STREET ADDRESS CITY - ST-ZIP WINDERMERE, FL 34786 U00000741727 05/15/07-80042-013 150.00 TITLE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED